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D. R. W. Taylor

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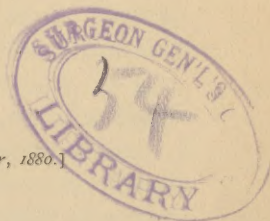
TREATMENT OF

Diseases of the Skin.

By R. W. TAYLOR, A. M., M. D.,

Professor of Diseases of the Skin in the University of Vermont,  
Surgeon to Charity Hospital, New York.

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## THE USE OF CHRYSOPHANIC ACID IN THE TREATMENT OF DISEASES OF THE SKIN.

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BY R. W. TAYLOR, A. M., M. D., *Professor of Diseases of the Skin in the University of Vermont, Surgeon to Charity Hospital, New York.*

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IT may be truly said of chrysophanic acid, that unlike the majority of new remedies, it has a greater range of usefulness than has yet been claimed for it. Indeed it is, in the treatment of certain skin diseases, what quinine is to malarial fever, almost a specific. This acid, as is well known, is in the form of a yellowish-brown powder, and is derived from an Eastern remedy called goa powder, in which it exists to the extent of 85 per cent. It is also said to be derived from rhubarb. Originally this goa powder was used for ring-worm in Eastern countries, and it is only within a few years that its use has been extended to the treatment of other cutaneous affections.

To Dr. Balmanno Squire, of London, certainly belongs the credit of our more extended knowledge of the usefulness of this valuable agent and its derivative acid. Having myself used it in a number of skin affections, including many cases, I desire now to present my views as to its general sphere of usefulness, and to consider certain drawbacks which we must admit there are in its application. I hope thus to draw out the experience of other physicians who have used the agent. First, let us consider the form and strength of the ointment to be used, since this is the most convenient mode of application. Some of the physicians who first used it, recommended a strength of two drachms of the acid to the ounce of lard or cerate. But I am convinced by experience, that in this country this



strength is far too great. Such an ointment is rarely necessary, and should always be used with the greatest caution, as I will point out later. I may here remark that I have found no necessity for the use of hot lard in the formation of the chrysophanic acid ointment, nor for its solution in benzol before mixing it with the cerate or lard. My preference is that the acid should be thoroughly triturated with a few drops of alcohol before mixing it with equal parts of vaseline and simple cerate or cold cream. This makes a smooth ointment, which readily penetrates the skin. As to the strength of the ointment preferred by me, I would say that I constantly use it in the proportion of ten grains to the ounce of cerate, and rarely higher than one drachm to the same quantity. In speaking of the various diseases, I will state the proportion usually found beneficial by me for each. In general, brisk inunction, once or twice a day, leaving a coating of the ointment on the parts, is all that is necessary, but in some instances it is essential to apply the salve spread on lint as a plaster. Care should always be taken that only the morbid tissue is thus covered. To state briefly its general applicability, I may say that chrysophanic acid ointment is useful for chronic subacute skin affections attended with superficial infiltration or with much epidermal proliferation. In cases of very deep infiltration, it is not, I find, as beneficial as other agents are, for the reason that the strength of the ointment is necessarily so great that it of itself causes inflammation around the part, and even then it does not afford especially good results. Then again, it is not to be used upon excoriated surfaces, yet in cases such as psoriasis, lichen planus, in some of the early papular and some superficial tubercular syphilitic eruptions, its action is marvellous. My general rule is to employ it only in cases in which the epidermis is intact or not shed, or again when this layer is much thickened. The disadvantages of the ointment are its staining qualities, its tendency to produce erythema, severe edema, and sometimes furuncles. While we cannot prevent the pigmentation of the skin, we can use measures

for its removal, such as brisk friction with powdered pumice stone on a pad of flannel. As regards the inflammatory sequelæ I think that, as the observer becomes more familiar and skilled in the use of the agent, he will be less liable to see them. When I first used the ointment in the proportion of two drachms of the acid to the ounce of fat, I several times in cases of psoriasis saw much edema around the patches, following the application, but still the disease yielded so quickly and the inflammatory symptoms were so speedily relieved by cold water dressing, that in some urgent cases I did not regret its occurrence. However, I could from further experience, counsel caution, and advise a moderately strong ointment, although the cure will not be quite so rapid. In some rare instances little boils and large ones, even, will appear after the application of a mild ointment; and sometimes it will be necessary to stop the remedy in consequence, but such instances are quite rare. One point has struck me very forcibly in using this agent, namely, that it has not very pronounced anti-pruritic properties, so that in some affections attended with severe itching, we are compelled to combine with it one of the tarry oils or camphor or carbolic acid.

Let us consider briefly the value of chrysophanic acid in various skin diseases, for, as I have said, its range of application is very wide, greater than is generally conceded, and is not by any means limited to the treatment of psoriasis and ringworms. In acne much good can be obtained from the use of a mild ointment, ten to twenty grains to the ounce. But here its staining properties are almost insuperable objections to its use. Yet my experience in dispensary practice has convinced me, that many cases of simple and of the indurated form of acne will be benefited by this, more than by any other single remedy. I have directed patients to first bathe the face with hot water, and then to rub over each papule or tubercle a little of the ointment, leaving a film of it to be absorbed. The result is that the next day the whole face is stained to the copper color of an Indian, to remove which it is necessary to scour



the parts well with powdered pumice stone, which operation however is not always followed by complete success. Great as is the drawback, there are persons who will undergo the annoyance in hope of ridding themselves of their chronic disfigurement. In cases of acne complicated with rosacea and in rosacea I have seen excellent effects from a tolerably strong ointment, twenty, thirty or forty grains to the ounce. I have seen the dilated superficial capillaries wither under its use several times in very severe cases. Let me here say that great caution must be exercised in using a tolerably strong ointment on the face, since in this situation it is liable to cause severe inflammation, sometimes resembling erysipelas. The best mode of procedure is to use at first a mild ointment and simply rub a little in, carefully watching the result. Then we may go a step further and apply it spread on linen lint constantly. Should at any time inflammatory symptoms show themselves, the application must be suspended and water dressing applied. But care and observation will make the prescriber skillful in avoiding such accidents. In eczema the use of chrysophanic acid is limited, I think, to chronic localized spots not attended with great infiltration. To these it can be applied in moderate strength continuously, but in general it will be necessary to combine with the ointment a sufficient quantity of the oil of cade, birch oil, and tar oil to relieve pruritus. In chronic eczema of the palms of the hands I have used with great benefit an ointment made of fifteen grains of the acid to diachylon ointment one ounce. The same ointment I have used with equally good results in chronic cases of scaling eczema of the scrotum, in which there was considerable thickening. When used upon the hands or scrotum the ointment should be spread on lint and kept continuously applied. It may be necessary, of course, to envelop the former in india-rubber gloves, and perhaps to envelop the scrotum over the dressing with gutta-percha tissue. In any case in which the itching is severe, I think a sufficient quantity of a tarry oil should be added. In two instances of sycosiform eczema of the

beard in the chronic and somewhat infiltrated stage, I produced a cure by ten grains of the acid to the ounce of diachylon ointment, the dressing being kept on continuously. This, indeed, was after the usual remedies had failed.

In ringworm of the scalp, chrysophanic acid is often very useful, but it is necessary to use it with considerable care, as it has and may produce severe inflammation. Ten grains to the ounce of cerate and vaseline is generally sufficiently strong. Of course it is necessary to use epilation in bad cases. One drawback to its use on the scalp is the staining of the hairs to a purplish brown color. I think it well to mention this fact to patients when stating to them the advantage of rapid cure which we are warranted in promising from the use of this acid. Ringworm of the body is readily cured by an ointment of moderate strength rubbed in several times daily. When used upon the trunk or extremities, chrysophanic acid will inevitably stain the underclothes. To get over this trouble as well as we can, I state the fact to patients, and advise them to wear such clothes as are well-worn, and to continue their use while under treatment, as the time is usually not very long. In lichen planus, I have seen some of the most rapid cures produced by this agent, but the itching which usually accompanies this affection, often necessitates the addition of some anti-pruritic agent. In other chronic forms of lichen this acid may often be used with great benefit. I have now under treatment a case of lupus erythematosus, which I am sanguine of curing by an ointment of the strength of twenty grains of the acid, to the ounce of ointment.

In a number of cases of papular and scaling syphilides, I have seen excellent results from the use of a mild ointment. Particularly valuable is this agent combined with diachylon ointment in the scaling syphilides of the palms and the soles. Its application here must be continuous, and a previous removal of the scales may be necessary, while in severe cases the hands should be enveloped in india-rub-



ber gloves. It is, however, in the cure, perhaps I may more properly say the removal of psoriasis, that the acid owes its great and well-deserved reputation; and here I may add that my experience in its use convinces me that the high praise which has been accorded to it by others, is well deserved. Indeed it is rare to see any agent act as promptly and uniformly as this one does. One feels assured in prescribing it that a good result will surely follow its use. In psoriasis it is generally necessary to use mild ointments from ten to sixty grains, rarely any stronger. Care and caution should be exercised in treating children, particularly if very young, since severe inflammatory reaction may follow the use of a strong ointment. For such patients I have rarely had to exceed fifteen grains; I usually employ only ten to the ounce. Of course, the scales must be carefully removed by scraping or by baths, and the ointment should be well rubbed into the patches. If inflammation follows, the parts must be treated by the water dressing. In some very chronic cases I have used the two-drachm ointment, and in order to avoid inflammatory reaction I have ordered the parts to be enveloped in linen and kept continually wet with cold water. In this way I hurried the cure and avoided bad results. In general, however, a mild ointment is sufficient, and the strong one should never be used unless the patient is fully under control. Though chrysophanic acid has been recommended in the treatment of tinea versicolor, I am able to say from considerable experience that it is less efficacious than the remedies usually employed.

42 West Twenty-first street, June 1st, 1880.

